

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38899** (3)

1. Corporation Name

MEALS ON WHEELS OF LEHIGH ACRES, INC.



Principal Place of Business	Mailing Address
9 BETH STACEY BLVD. SUITE 205 LEHIGH ACRES FL 33906 US	9 BETH STACEY BLVD. SUITE 205 LEHIGH ACRES FL 33906 US

3. Date Incorporated or Qualified	06/29/1990
4. FEI Number	65-0212423
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
FREEMAN, FRANCIS PD 6941 CIRCLE DR #2 FT MEYERS FL 33905

10. Name and Address of New Registered Agent
81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **FRANCES FREEMAN** PRESIDENT. *Frances Freeman* 02-09-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD FREEMAN, FRANCES 0941 CIRCLE DR FT MEYERS FL
TITLE	DVP BEMIS, PAUL F. 0093 BAYCREST TER LEHIGH ACRES FL
TITLE	SD WILLIAMSON, LILA 122 DANIA CIR LEHIGH ACRES FL
TITLE	TD KING, LEANORA M. 502 GERALD AVE LEHIGH ACRES FL
TITLE	D PARKER, LYNN 109 HOLLYWOOD ST LEHIGH ACRES FL
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D. WILLIAMSON, LILA
3.3 STREET ADDRESS	122 DANIA CIR
3.4 CITY-ST-ZIP	LEHIGH ACRES FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD PARKER, LYNN
5.3 STREET ADDRESS	109 HOLLYWOOD ST.
5.4 CITY-ST-ZIP	LEHIGH ACRES FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FRANCES FREEMAN** *Frances Freeman* 020998 375-3223
President 941

CR2E037 (10/97)